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In re: James Veril Stout  
Case: P1382 Application No.: 09/905,721 Filing date: 05/28/2002  
Art Unit: 3618 Examiner: Brian L. Swenson  
Subject: Combination Hitch-Mountable Utility Cart

**Certificate of Transmission under 37 CFR 1.8**

Attention: Examiner Brian L. Swenson

Fax No.: (703) 872-9306

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Patent and Trademark Office

on 08/13/2004

Date



Signature

Lynda Schwalenberg

Typed or printed name of person signing Certificate

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AUG 13 2004

**OFFICIAL**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Art Unit 3618  
Examiner Swenson, Brian L.

In Re: James Veril Stout  
Case: P1382  
Serial No.: 09/905/721  
Filed: 05/28/2002  
Subject: Combination Hitch-Mountable Utility Cart

To: The Commissioner of Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Dear Sir;

# Response A

Method of Transmission: By Facsimile

CASE DOCKET NO. P1382

In reference to application of James Veril Stout

Serial No. 09/905,721

For Combination Hitch-Mountable Utility Cart

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.  
☒ Applicant claims Small entity status under 37 CFR 1.27.  
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	16	Minus	** 20	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	2	Minus	*** 3	0	\$ 43	\$ 86	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

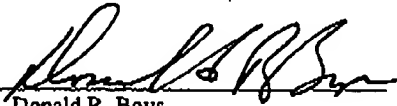
\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534 . (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 . A duplicate of this sheet is enclosed.

Respectfully Submitted,

  
 Donald R. Boys  
 Reg. No. 35074

Donald R. Boys  
 Central Coast Patent Agency, Inc.  
 P.O. Box 187  
 Aromas, CA 95004  
 (831) 726-1457

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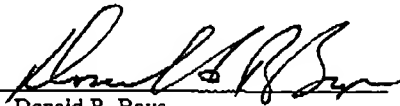
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